## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2003

10803650

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |   |   |                                  |                           |  |                                   |       | SMALL ENTITY TYPE (                     |                        |       | OTHER THAN<br>OR SMALL ENTITY |                        |  |
|---|---|---|----------------------------------|---------------------------|--|-----------------------------------|-------|---|------------------------|-------|-------------------------------|------------------------|--|
| TOTAL CLAIMS  |   |   | 21                               |                           |  |                                   |       | RATE                                    | FEE                    | 1     | RATE                          | FEE                    |  |
| FC  | DR .  |   | NUMBER FILED                     |                           | NUMBER EXTRA                                 |                                   |       | BASIC FEE                               | 385.00                 | OR    | BASIC FEE                     | 770.00                 |  |
| TC  | TAL CHARGE  | ABLE CLAIMS                                 | A / mir                          | านร 20=                   | *  |                                   |       | X\$ 9=                                  | 9                      | OR    | X\$18=                        |                        |  |
| IN  | DEPENDENT C   | LAIMS .                                     |                                  | inus 3 =                  | -  | ·                                 |       | X43=                                    |                        | OR    | X86=                          |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |   |   |                                  |                           |  |                                   |       | +145=                                   |                        | OR    | +290=                         |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |   |   |                                  |                           |  | •                                 | TOTAL | 394                                     | OR                     | TOTAL |                               |                        |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)                         |   |   |                                  |                           |  |                                   |       | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                        |       |                               |                        |  |
| AMENDMENT A   |   | CLAIMS                                      |                                  | HIGH                      |  |                                   | l     |   | ADDI-                  | 1 1   |                               | ADDI-                  |  |
|   |   | REMAINING<br>AFTER<br>AMENDMENT             |                                  | NUME<br>PREVIO<br>PAID F  | USLY   | PRESENT<br>EXTRA                  |       | RATE                                    | TIONAL                 |       | RATE                          | TIONAL                 |  |
|   | Total   | *   | Minus                            | ##                        |  | =                                 |       | X\$ 9=                                  |                        | OR    | X\$18=                        |                        |  |
|   | Independent   | ependent                                    |                                  |                           | <u>                                     </u> |                                   | X43=  |   | OR                     | X86=  |                               |                        |  |
|   |   | ENTATION OF MU                              | JLTIPLE DEF                      | PENDENT                   | CLAIM  |                                   |       | +145=                                   |                        | OR    | +290=                         |                        |  |
| 1   | 10 17   |   |                                  |                           |  |                                   |       | TOTAL                                   |                        | OR    | TOTAL                         |                        |  |
| •   |   | A   | DDIT. FEE                        |                           | 10   | ADDIT. FEE                        |       |   |                        |       |                               |                        |  |
|   |   | (Column 1)  I CLAIMS                        |                                  | (Colum                    |  | (Column 3)                        | 1 -   |   | ,                      |       |                               |                        |  |
| AMENDMENT B   |   | REMAINING<br>AFTER<br>AMENDMENT             |                                  | NUMB<br>PREVIO<br>PAID F  | ER<br>USĻY                                   | PRESENT<br>EXTRA                  |       | RATE                                    | ADDI-<br>TIONAL<br>FEE |       | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus                            | ** .                      | •  | =                                 |       | X\$ 9=                                  |                        | OR    | . X\$18≐                      |                        |  |
|   | Independent   | *   | Minus                            | ***                       |  | = .                               |       | X43=                                    | ,                      | OR    | X86= ·                        |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |   |                                  |                           |  |                                   | '   T | +145=                                   | · . · · ·              | OR    | +290=                         | ,                      |  |
|   |   |   |                                  |                           |  |                                   | TOTAL | • •                                     | OR ,                   | TOTAL |                               |                        |  |
| (0.1  |   |   |                                  |                           |  |                                   | A     | DDIT. FEE L                             | <del></del>            | · . , | ADDIT. FEEL                   | <del></del>            |  |
|   |   | (Column 1)                                  | . 1                              | (Colum                    |  | (Column 3)                        | _     |   |                        |       | · ·                           |                        |  |
| AMENDMENT C   |   | REMAINING<br>AFTER<br>AMENDMENT             |                                  | NUMB<br>PREVIOU<br>PAID F | ER' .<br>JSLY                                | PRESENT<br>EXTRA                  |       |   | ADDI-<br>TONAL<br>FEE  |       | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus                            | **                        |  | =                                 |       | X\$ 9=                                  |                        | OR    | X\$18=                        |                        |  |
|   | Independent   | 1   | Minus                            | ***                       |  | =                                 | 十     | X43=                                    |                        |       | X86=                          |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                  |                           |  |                                   |       |   |                        | OR    |                               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |   |                                  |                           |  |                                   |       |   |                        | OR    | +290=                         | i                      |  |
| 11  | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |   |                                  |                           |  |                                   |       |   |                        | OR A  | TOTAL<br>DDIT, FEE            | ٠.                     |  |
| · T   | i me "Highest Nur<br>The "Highest Num   | mber Previously Paid<br>ber Previously Paid | ID FOR IN THIS<br>For" (Total or | SPACE is<br>Independer    | iess than<br>it) is the i                    | n 3, enter "3."<br>highest number |       | DIT. FEE L.                             | opriate box            | •     |                               |                        |  |